

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28322

**Entity Name:** LAKEWOOD TOWNHOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

17 SHANNON DR. UNIT 1  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

17 SHANNON DR. UNIT 1  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 59-2958997

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCICILUNA, RINO JR  
17 SHANNON DR. #1  
SANTA ROSA BEACH, FL 32459 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILLIAMS, WILLIAM PRESTON  
Address        55 SHANNON DR  
                  UNIT 6  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            TD  
Name            SCICILUNA, RINO  
Address        17 SHANNON DR. UNIT 1  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title            VP  
Name            ALEXANDER, CHARLES  
Address        PO BOX 2126  
City-State-Zip: RIDGELAND MS 39158

Title            SECRETARY  
Name            PARRISH, BECKY  
Address        1760 ROSS CLARK CIR  
City-State-Zip: DOTHAN FL 36301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM PRESTON WILLIAMS

**PRESIDENT**

**03/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date